



*A newsletter for employees of
the Portland VA Medical Center*

In the News

Winter 2004

A Message from the Director

James Tuschmidt, M.D., M.M.
PVAMC Director

As we finish the first quarter of this fiscal year, let us take a moment to reflect on the accomplishments we have made and the challenges ahead. Last fiscal year we cared for a record number of veterans, ensured that they received great preventive care, and were one of the highest funded VA research centers in the country.

Oregon and Washington have, for the last couple of years, had the highest unemployment in the country. At its worst, Oregon unemployment reached 8.5%. There were significant cuts in Oregon Health Plan spending, and many veterans found themselves without health coverage or unable to pay the high price of prescription drugs. Many seniors, living on fixed incomes, found they could no longer afford supplemental insurance to cover the gap between Medicare and their out-of-pocket expenses. Consequently, we enrolled a record number of new veterans. At one point, we were taking almost 1200 new applications for care per month, twice the normal rate. In spite of the unprecedented demand for care, we expanded our primary care capacity and reduced our waiting lists considerably. This took the heroic efforts of our Primary Care folks. They instituted evening and weekend clinics, expanded panel size and developed introductory group visits. The number of veterans treated in Primary Care grew by 30.6% last year. The first month of this fiscal year our total veteran workload was up 22.3% over last year.



Hospice Opens at NSCU

By Kim Winn

Congratulations to the Nursing Skilled Care Unit on the opening of their new Hospice Unit. Adding the Hospice Unit has taken the level of care offered on the Vancouver Campus to the ultimate, by providing a special place for terminally ill veterans to live out the rest of their lives.

Waynette Ralls, Nurse Manager, stated that the main goal of the unit is to provide veterans with a "quality of life" when facing the end. Special training in palliative care is required for the unit nursing staff - all of whom have volunteered to work there. "Caring for terminally ill patients is very rewarding, but stressful," says Ms. Ralls. "You come to know your patients and their families, and their death is hard to face. To provide them with care and comfort during this difficult time means everything." She has been very impressed with the number of our staff who have taken on this level of service.

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Director's Message cont.

We continued to excel in many of VA's national performance measures, measures that track how well we deliver preventive care and manage chronic diseases. Private HMO's also track many of these measures and most do not publish their data. Of those that do, ours is some of the best. In fact, VA has become the benchmark. For example, we screen 71% of patients for colon cancer who meet criteria. We screen 75% of women for breast cancer. Blood pressure is controlled in 67% of patients with hypertension, and 80% of diabetics have hemoglobin A1Cs, a measure of glucose control, that are in the acceptable range. This includes patients who refuse testing.

Our researchers brought in a total of almost \$28 million of research grant money last year. They made the front page of local and national newspapers and appeared on the Today show. For example, Dr. David Lieberman continued to make headlines with his research on colon-cancer prevention through a new study that identifies the benefits of Vitamin D and cereal fiber for reducing polyps in the colon. Dr. Michael Heinrich, in further studies of the drug Gleevec (that has been shown to be an effective treatment for certain gastrointestinal tumors), has concluded that lab testing can reveal ahead of time just how well patients with this type of cancer will respond to the therapy, based on a specific type of mutation causing the tumor.

And yet, the coming year holds many challenges. More and more veterans continue to enroll and we will struggle to provide care to the thousands of new patients we accepted last year. At the end of last fiscal year we had many patients waiting for specialty procedures - surgical procedures, for example. We now have mechanisms in place that will allow us to continually refer patients out for specialty care that we cannot provide in a timely manner.

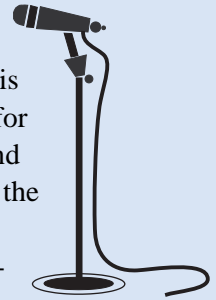
As we end the first quarter, we still do not have a budget approved, but all signs suggest that Congress will add \$1.3 Billion to VHA's budget. How the increase will get distributed, and subsequently impact us, has yet to be determined. Over the summer, leadership throughout the medical center came together to develop plans to reduce our cost structure and to develop actions to improve the working environment for all employees.

Last year we improved our cost structure somewhat, but we must find more efficient ways of delivering care. Every Division has devised and is now implementing plans to improve the way we deliver care. These efforts will not necessarily save us money. On the contrary, we will need more staff and spend more on drugs and other consumables than we ever have before. But, these efforts will allow us to provide care for a record number of patients.

We must reduce the waiting time to receive care. Our performance with respect to prevention and chronic disease outcomes can and should be

Let Us Hear From You

In The News is a newsletter for employees and volunteers at the Portland VA Medical Center. Please submit story ideas or comments to Public Affairs Officer Pat Forsyth by e-mail or call Ext. 52975.



Hospice at NSCU cont.

Ms. Ralls explained that the eight-bed wing was created with veterans and their families in mind. The brightly painted hallways are vastly different from the standard "institutional" look. Warm colors and comfortable furniture are in every room. Our interior designer **Elizabeth Oliver** ensured that each room has a theme surrounding it: fishing, sailing, golfing, etc. And Ms. Ralls explained that when possible, patients can choose the room that best suits their hobbies or personality. Another way that patients can make their room reflect their tastes and a homey atmosphere is to bring décor or a favorite piece of furniture from home.

To achieve the "quality of life" goal, veterans can select their meals - be it pizza or steak. They have a comfortable family room to share TV viewing or to play games. There is a kitchenette for family who want to stay for meals, and every room has a sofa-

Hospice at NSCU cont.

bed for spouses to stay overnight if they feel the need to. In total the wing encompasses close to 3,000 square feet.

“In the future we hope to provide computer and Internet access to the veterans and their families,” stated Ms. Oliver. “This will allow them the freedom to communicate with others on e-mail, pay bills online, or play computer games.” Another area that is waiting to be improved is the exterior patio. The unit is hoping to have a healing garden with a water feature in the coming spring.

Karen DeBolt, who provides clerical support for the NSCU and is an avid quilter, was the driving force behind a quilting project for the new unit. Ms. DeBolt drafted a number of other VA quilters to create three special, patriotic quilts for the unit. She explained that the quilts will be used as a passage quilt to cover a patient who has died. This gesture is symbolic of the ceremonial flag used during a memorial service, showing great respect for fallen veterans.

If you get the opportunity to stop and visit the new hospice - please do. “Smiling faces are always welcome!” says Ms. Ralls.



In the spring, a healing garden and water feature will be added to the NSCU hospice garden.



Quilters who have donated their time and talents for hospice quilts include: Kim Winn, Laura Howell, Yolanda Audrey, Debra Maddox, Ronna Ashland, Claudia Brown, Karen McWhorter, Karen Gaddis, Carol Egan, Lurenda Wade, Debra Helvey-Simonet, Deanna Allen, Carol L. Smith, Cleo Scribner and Karen DeBolt. Batting was donated by Debra Alberts and material by Waynette Ralls and Kim Winn. Five more quilts are planned, and if you'd like to join the quilting group, call Karen Debolt at ext. 51839.

Director's Message cont.

improved. After all, for example, more than 30% of the patients who have hypertension do not have their blood pressure controlled. Addressing the challenges of waiting times and the quality of our care with limited resources will require great creativity and resolve.

Luckily, these are traits I have witnessed in our folks every day. I am always amazed at the things we accomplish, particularly in light of the constant demands of the daily work. We have great people who are under enormous pressure and we need to take care of one another, as well as our patients. To that end, we have a number of initiatives focused on being an employer of choice. I mean really being an employer of choice, not just some catch phrase to which we pay lip service.

Our efforts at Magnet recognition are part of that strategy. The Magnet standards provide a template or road map that we can follow, and we can apply the principles across the Medical Center - its not just about nursing. We have also identified numerous issues that affect the quality of the work experience for all employees. We have prioritized and selected several to address. Parking rises to the top of that list. This will not be an easy fix, but we are committed to finding solutions. Communication and the accessibility to "senior management" also ranked high. We will be rolling out a gain-sharing program, where a service, division, or unit can set specific

and measurable goals that are consistent with medical center strategies and share in a monetary award if those goals are met. Buzz Rappaport chairs a new Patient and Staff Satisfaction Committee that is addressing many issues.

I appreciate the tremendous job that everyone does caring for America's veterans. I am proud to work for them and with you. Every chance I get, I tell others about the great things we accomplish and I look forward to with great confidence to the challenges ahead.

CARES Decision Delayed

The CARES timeline has moved into the new year. As you know, local media recently reported that the independent CARES Commission supports maintaining current services at PVAMC's Vancouver Division. In mid-January, the Commission will submit its written report to Secretary Principi's office. Under Secretary Dr. Robert Roswell will make separate recommendations, which the Secretary will consider in addition to the Commission report before making a final decision. We expect the Secretary's decision in February. On the CARES web site <http://www.va.gov/cares> (or call Pat Forsyth at Ext. 52975 for hard copies), you can find testimony from the Vancouver, Walla Walla and White City CARES Commission



hearings, the realignment report PVAMC submitted on possible realignment/closures at our Vancouver Division, and minutes from Commission meetings.

New ICU Unit Opens

By Laura Krioukov, R.N. & Rosalind Rockweit, R.N.

December 8 saw the opening of the newly integrated Intensive Care Unit on the third floor. The remodeled 28-bed unit combined the former 4th floor MICU and the 3rd floor SICU.

Historically, MICU and SICU have been physically separated on the basis of medical or surgical diagnosis. However, keeping the ICU's separated cost VA much more in human, financial, and equipment resources than combining the areas and the personnel.

Plans for the combined unit were hatched several years ago, requiring hundreds of hours of planning and input from the nursing staff to bring about this new ICU. Planners looked at future health care needs of the patients, physical layout of the old units and needed changes, and the known and imagined challenges of patient care. Armed with that information, they proceeded to draw and review plans.

In April 2003, the 3D-ICU moved its patient population temporarily to 4th and 6th floors where the staff rose to the challenges of make-shift space for seven months awaiting the new unit. Staff members were invited to participate in hardhat walk-throughs

New ICU cont.

while 3D-ICU was under construction so that they could watch the unit take shape, adjusting the environmental components that would improve health care delivery. All the staff of the unit played an integral role in identifying needed improvements, anticipating problems and troubleshooting them ahead of time while working together with the design team to produce an efficient and attractive patient care area. “A good design always uses the input of the front line employees - in this case patients and the staff who care for them - to integrate a functional and beautiful space,” said **Mary Walker**, M.S., M.P.A., R.N., Operations Manager.

Walker and **Mary Howell**, M.A., R.N., Director of Critical Care, oversaw the unit’s transformation from start to finish.

On December 8, an open house was held for tours of the new unit. That afternoon the first five patients moved in, and the move was completed on Dec. 16.

Literature reviews revealed that 75 percent of mergers fail due to lack of planning, and the ICU staff had been determined not to descend into that category. The staff are very pleased with the new digs, feeling great satisfaction in the successful integration of the two previous ICUs, in which this team joins that 25% - the nation’s successful mergers.



The VA Voices Choral Group, talented PVAMC employees all (well, a few spouses too), entertained staff at the PVAMC Holiday Open House on December 17. Steve Weinberg is choral director for the group, which was videotaped by Medical Media to appear on television for our patients. The program aired several times daily on Channel 19 until January 3.

NEWS BRIEFS

VA Inpatient/ Outpatient Satisfaction Ranks High in Survey

Results are in from the 2003 American Customer Satisfaction Index, and VA continues to rank high in surveys of inpatient and outpatient satisfaction. The ACSI, established in 1994, measures satisfaction with the products and services of about 200 private sector companies in 39 industries, more than 50 customer segments of federal agencies, two types of local government services and the U.S. Postal Service. On a 100 point scale, VA scores for inpatient and outpatient satisfaction were 81 and 80, significantly higher than both the Federal government ACSI average and the average score for private sector services. You can find more information on the ACSI and this year's scores at <http://www.theasci.org>.

Norwegian Chaplain Visits PVAMC

On November 7, PVAMC chaplains hosted a special guest, Chaplain **Raag Rolfsen**, the second highest ranking chaplain in the Norwegian Army (equivalent to a One Star General in the U.S. Army). Chaplain Rolfsen was visiting to observe the training of one of his Army Chaplains, **Kryrre Kleverg** (Major), who is doing a year's internship in our Clinical Pastoral

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"My HealtheVet" Kicked Off on Veterans Day

On November 11, VA launched Phase I of My HealtheVet, VA's new web-based program that allows veterans to explore health topics and disorders, learn about veteran-specific health problems, understand medication and treatment options, assess and improve their wellness, view seasonal health reminders - and more. In later phases, My HealtheVet will extend access to services such as online prescription refills and the ability to view appointment dates and co-payment balances. When the health record portion of the application becomes available, a veteran will be able to view and maintain a copy of key portions of his/her secure personal health record from VA's health information system. Watch In The News for updates on this exciting new program. The web link for MyHealtheVet is <http://www.myhealth.va.gov>.

NCRAR Conference Participants Request Encore

Portland Mayor **Vera Katz** proclaimed October 8-10 as Auditory Rehabilitation Days in Portland to coincide with the inaugural conference of the PVAMC-based VA National Center for Rehabilitative Auditory Research. The conference hosted 168 attendees from 28 states, plus Denmark, Switzerland, and British Columbia. After sessions in which internationally respected researchers discussed the latest advances in auditory rehabilitation, case studies were presented and panels of experts took questions from the floor during roundtable discussions. The format proved popular with conference attendees. One comment that reflected many: "I learned much that I can apply in my work. Please make this an annual or semiannual event and keep it in the Pacific Northwest."

Gift Shop Eases Holiday Worries for Veterans

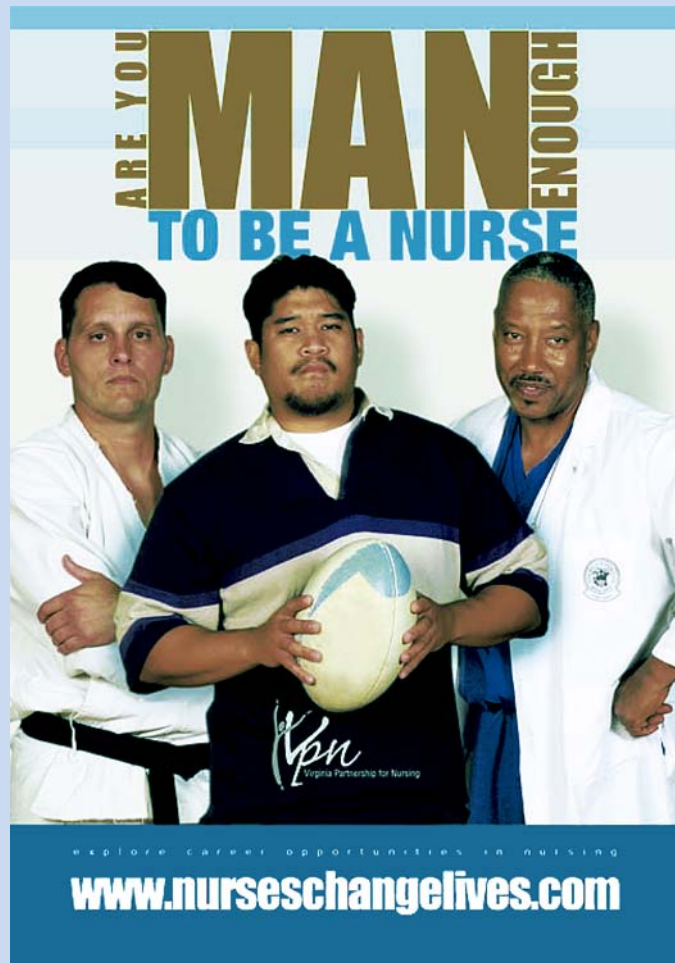
For four days in early December, an estimated 200 PVAMC patients got an early Christmas gift: the American Legion Auxiliary holiday gift shop in the Auditorium. The shop offered free gifts for family of inpatient and outpatient veterans. Volunteers collected thousands of new gifts or cash donations for the shop, said **Ann Barrie**, coordinator of the Auxiliary's volunteer programs. "It's a lot of work but worth it," she said. "Some of these people wouldn't have had much of a Christmas." Each veteran could select up to 10 gifts for family members. Volunteers then gift wrapped the selections and shipped them, again at no cost to patients. For hospitalized veterans unable to visit the shop, Mrs. Santa made rounds with a gift cart and accepted orders. 2003 is the Auxiliary's 65th year of operating a holiday shop for veterans at PVAMC. The idea originated in Portland and has since spread to every VA medical center in the country.

Norweigan Chaplain cont.

Education Program. Another Norwegian Army Chaplain, **Torstien Holten** (Major), had previously trained at PVAMC and upon his return to Norway was assigned to teach at the Norwegian Army Center, equivalent to our West Point. PVAMC Chaplain **Horace Duke** said part of the attraction of Portland's chaplain training program is its focus on post-traumatic stress disorder and ethics.

Good News on Wait Lists

Thanks to the dedication of many PVAMC staff, the wait lists for primary care appointments have been dramatically reduced. As of January 30, "time on wait list" for newly enrolled veterans is two months for the Bend CBOC, three months for Camp Rilea and Salem, two weeks for Portland and one week for Vancouver. Watch *In The News* for a story on how this has been accomplished.



Roland Jemerson in *Sports Illustrated*. In October, the East Coast edition of *Sports Illustrated* magazine ran an ad in conjunction with the Oregon Center for Nursing's "Are You Man Enough to Be a Nurse?" campaign. Pictured on the right is PVAMC nurse **Roland Jemerson** (wearing his VA lab coat!). The other two nurses are from Providence St. Vincent and Providence Portland. We expect *Sports Illustrated's* West Coast edition to carry the ad in Spring 2004, so be on the lookout. You can find more information on the "Are You Man Enough" campaign at <http://www.oregoncenterfornursing.org>.

Got Your Flu Shot Yet?

PVAMC still has flu vaccine available for employees. If you missed the flu-shot clinics, you can still get a shot at the Occupational Health Office (Bldg. 101, Rm. 127) Monday through Friday between 7:30am and 4:00pm (closed 12-12:30 for lunch). For more information, call Ext. 56963.

Dr. Baer Receives Prestigious Clinical Pathology Award

Congratulations to **Daniel Baer, MD, FASCP**, retired PVAMC Chief of Pathology and Laboratory Services, who recently received the Ward Burdick Award for Distinguished Service to Clinical Pathology. The award was presented September 19, 2003 at the American Society for Clinical Pathology (ASCP) annual meeting. It recognizes an ASCP member who has made a significant contribution to pathology through service to the profession and the Society.

Throughout his long and exceptional career, Dr. Baer has been an active ASCP member and contributor, volunteering his editorial skills and serving on numerous committees and task forces. His many professional achievements included forming the Pathology Department at the Northwest Kaiser-Permanente Health Care System and serving as its director for 12 years.

Dr. Baer joined the faculty of OHSU in 1964 and the PVAMC staff in 1982. In 1997, he retired as PVAMC Chief of Laboratory Services and Professor and Vice Chairman of the OHSU Department of Pathology. He continues to serve as Professor Emeritus. His latest interest is computer-based training, and he spends one day a week at PVAMC writing interactive training materials for staff education.

Dr. Baer also spends one day a week pursuing his second vocation, artisan bread baking. "I bake breads ranging from sourdough loaves to dark rye European styles," he says, "and I have faithful customers who order ahead, many on a standing order basis."



Sunshine Vitamin Shines in Colon Tumor Study

In one of the most comprehensive studies to date on colon-cancer risk, a team led by PVAMC researcher **David Lieberman, M.D.**, has confirmed that proper intake of cereal and vitamin D are associated with reduced risk of serious colon polyps that can lead to colon cancer. Results of the study, which included more than 3,000 veterans at 13 VA medical centers, appeared in the December 10, 2003 *Journal of the American Medical Association*.

Dr. Lieberman is Chief of Gastroenterology at PVAMC and OHSU. "The finding that may surprise the scientific community is the vitamin D data," he said. "Higher levels of Vitamin D intake were associated with a lower risk of serious colon polyps. There have been some studies suggesting this, but our data are compelling." In the study, men who consumed larger amounts of cereal fiber (more than about 4 grams daily) and vitamin D (more than 645 international units per day) were significantly less likely to have the serious colon polyps that may become cancerous.

Another significant association with reduced risk was the use of non-steroidal anti-inflammatory drugs. Lieberman said further study is needed before recommending these drugs solely for protection against colon tumors, however, because of the potential for side effects over a lifetime of consumption. The study showed that exercise, calcium, folic acid and multivitamins were somewhat beneficial in lowering risk.

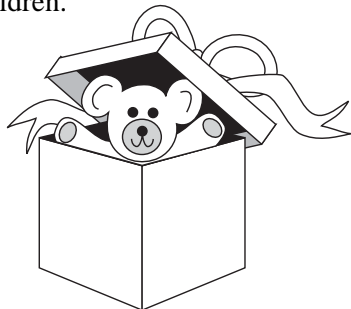
On the other hand, the research offers yet another reason to quit smoking. Smoking increased by nearly twofold the risk of having polyps or tumor. Having a close

Sunshine Vitamin cont.

relative with colorectal cancer also elevated risk, but not as much as smoking. The consumption of red meat and alcohol were associated with a slightly higher risk. Body weight and cholesterol levels proved unrelated to cancer risk in this study.

Dr. Lieberman cautioned against over-consuming vitamin D, which can be toxic in large amounts and cause nausea, constipation, weakness and other symptoms. Among the best food sources are cod liver oil, salmon, mackerel, sardines and fortified milk. Exposure to sunlight triggers vitamin D production in the body, but researchers are uncertain how this interacts with dietary intake to provide adequate levels for cancer protection. Dr. Lieberman said the new study's findings should prompt research to determine how regular exposure to sunlight affects the risk of colon cancer.

Much appreciation to all our employees who contributed to the PVAMC Police Christmas Toy Drive! The Foster Parent Association would like to thank VA staff for making Christmas brighter for so many foster children.



Milk Carton and Witch Among Contest Winners

By Gayle Cauthers

Employees were in festive moods on Friday, October 31, as they participated in the Portland VA staff Halloween costume contest. Witches,



mummies, pirates and some indescribables were spotted around the medical center in anticipation of the afternoon competition. After rigorous deliberation by the judges, grand prize winners were selected from the categories of the most humorous (**Tracie Tetzlaff** as a milk carton), scariest (**Margi Noel** as a witch), best homemade (**James Little** and his wife, **Teresa**, as a Medieval couple) and most original/unique (**Mimi Ferraro** as Carmen Miranda) costumes.

In addition to costume and pumpkin decorating events, the ghosts and goblins from the day care center made rounds throughout the medical center to spread some Halloween cheer and solicit for candy. A special thank you to all who participated in the day's events.



Halloween at
PVAMC -
Recognize
Anybody?





2003 Veterans Day Celebration

Employee veterans were invited to wear their uniforms November 6 for the third annual PVAMC Veterans Day Celebration - and many did! The event was opened by the Northwest Indian Veterans Association Color Guard, followed by the pledge of allegiance led by **Frank Armstrong**, Director of the Oregon Blinded Veterans Association. Speakers included Mr. Armstrong, **Jerry Schleining**, National Service Officer of the American Legion, and **Jerry Nelson**, PVAMC Director of Consumer Information & Services. After the formal program, employees and patients had a chance to meet therapy dogs and enjoy refreshments, displays from veterans organizations and PVAMC's Research & Development Service, and piano music provided by **Todd Kauffman**, a volunteer who entertains in the atrium from 11:00-noon every Thursday.

Employees in Uniform at the Veterans Day Celebration: Rhonda Watson, Cyndi Harrison and Dave Hancock.

Who Are Our Nation's Veterans?

Vets More Than 15 percent of Oregon/Washington Adults

Born in conflict, America's success is built squarely upon her veterans. Today 26.4 million veterans help form her character and reflect the ideals of service. They make up 13 percent of all Americans (civilian) 18 and over.

Comprising one in eight U.S. adults, veterans are not only our grandfathers. They're our husbands, wives, neighbors, and co-workers. In fact, just 37 percent of U.S. veterans are 65 and older, and 6 percent are women. Comprising almost 22.6 million Caucasians, 2.6 million African Americans, 1.1 million Hispanics, 284,000 Asian Americans, and 196,000 Native Americans, America's veteran population represents all her peoples.

More than half of today's veterans have served during time of war or hostilities. One in five (6 million) served in World War II, 4 million (1 in 6) served in Korea, and 8 million (1 in 3) served during Vietnam. Three million have served since 1990 during years of the Gulf War, peace keeping actions in Eastern Europe, Operations in Afghanistan and Iraq and the War on Terror.

Many veterans served in more than one war - 384,000 served during World War II and the Korean War, 328,000 served during both the Vietnam era and the Gulf War, 274,000 served during both the Korean and Vietnam Wars, and 161,000 served during WWII, Korea, and Vietnam.

America is blessed to have such brave men and women living within her borders, and a few states are privileged to count over a million veterans among their citizens. They include California with 2.6 million veterans, Florida with 1.9 million veterans, Texas with 1.8 million, New York with 1.4 million, Pennsylvania with 1.3 million, Ohio with 1.1 million and Illinois with 1 million. Veterans comprise more than 15 percent of the adult populations of Alaska, Arizona, Florida, Maine, Montana, New Hampshire, Nevada, Oregon, Virginia, Washington, and Wyoming.

(From 2000 Census Data)

Read the Story, Get TEMPO Credit!

With this edition, *In The News* begins a series of educational articles that offer TEMPO credit. Read the following Q/A story on SARS, take the quiz, and send your answers with your name and Social Security “last four” to Katina Collins (mail stop P2-CIS) for 30 minutes of TEMPO credit.

December 17, 2003 Update: a confirmed case of SARS was reported in a Taiwanese doctor apparently exposed to SARS during an accident at a laboratory where the disease is studied. A number of people are being closely monitored because they may have been in close contact with the doctor while he was ill.

What Everyone Needs to Know About SARS

What is SARS?

Severe acute respiratory syndrome (SARS) is a respiratory illness first recognized in Asia during February of 2003. SARS spread to more than two dozen countries over the next few months. The outbreak was eventually contained, but the disease could re-emerge at any time.

What caused the SARS outbreak?

SARS is caused by a virus, named SARS-associated coronavirus, that was previously unknown. Initial cases appeared in China’s Guangdong Province. Although similar viruses were found in certain exotic animals sold at markets in this region, the source of the first human cases remains uncertain. SARS proved highly contagious when health care workers or family members came into close contact with patients. The disease then spread to other parts of the world via infected travelers before the outbreak was halted by an intense local, national and international public health response.

The World Health Organization reported that 8,098 people worldwide became sick with SARS during the outbreak, and 774 (about 10%) died. In the United States, 192 cases were reported, and all patients recovered. Most of the U.S. cases were among travelers returning from other parts of the world with the disease. Very few U.S. cases were reported among health-care workers and family members of SARS patients.

What are the symptoms of SARS?

On average, symptoms appear about four to six days after exposure to the virus. SARS usually begins with a high fever - greater than 100.4 degrees. Other symptoms may include chills, headache, malaise, body aches, difficulty breathing and diarrhea - in other words, symptoms like

those of many other illnesses. SARS patients, however, usually don’t have a runny nose or sore throat. Although about 30 percent have respiratory symptoms from the beginning, most begin to cough from two to seven days after first feeling ill and almost all go on to develop pneumonia.

How does SARS spread?

SARS appears to spread primarily by close person-to-person contact, most readily by large droplets produced when an infected person coughs or sneezes. These droplets can be carried several feet through the air to mucous membranes of the mouth, nose or eyes of persons nearby. The virus also can spread when someone touches a surface or object contaminated with infectious droplets and then touches his or her mouth, nose or eyes. Although the virus may persist on surfaces for several days, it is easily killed by standard disinfectants. There is no evidence that SARS can spread more widely through the air or that people without symptoms can transmit the virus.

What does “close contact” mean?

In the context of SARS, close contact means having cared for or lived with someone with SARS or having direct contact with respiratory secretions or body fluids of a patient with SARS. Examples of close contact include kissing or hugging, sharing eating or drinking utensils, talking to someone within three feet and touching

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SARS cont.

someone directly. A key feature of the SARS outbreak was the number of health care workers who were infected in the course of caring for patients who were ill.

What Are Preventive Measures and Treatments for SARS?

A number of public health and personal strategies can help stop the spread of SARS. One of the best personal strategies to prevent spreading any respiratory illness is to remember what our mothers taught us: "Cover your nose and mouth when you cough or sneeze and wash your hands."

Currently, there is no specific treatment for SARS. Antibiotics, effectively used to combat many bacterial infections, cannot kill viruses, and available antiviral agents appear to have no activity against the SARS virus. However, modern hospitals provide excellent supportive care for patients recovering from viral pneumonia. Researchers are testing potential new antiviral agents, and tests of one potential vaccine are already under way in China.

How are public health agencies and hospitals preparing for a potential SARS outbreak?

Public health officials, health care systems and others around the world have responded to the "lessons learned" in last winter's outbreak. They are collaborating to ensure readiness of key elements such as clinicians trained to

rapidly recognize potential SARS cases, good hospital infection control practices and fast reporting of cases to public health departments. PVAMC Infection Control staff are leading SARS preparedness efforts at our Medical Center (for more information, call Ext. 57140). You also can find information on SARS preparedness, information for clinicians, guidelines for patients and contacts, latest research findings, etc., on the U.S. Centers for Disease Control and Prevention's SARS web site: <http://www.cdc.gov/ncidod/sars>.

"Tis the Season for Colds, Flu & SARS"

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth
and nose with a
tissue when you
cough or sneeze

or
cough or sneeze into
your upper sleeve,
not your hands.

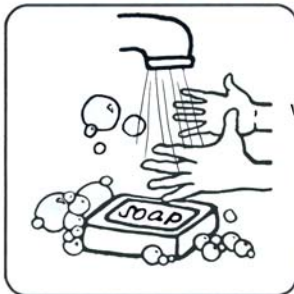


Put your used tissue in
the waste basket.



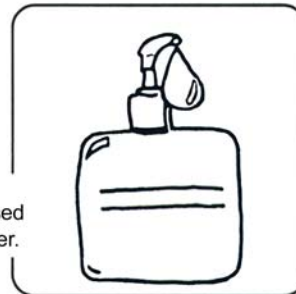
Clean your Hands

after coughing or sneezing.



Wash hands
with soap and
warm water

or
clean with
alcohol-based
hand cleaner.



SARS Quiz for 30 Minutes of TEMPO Credit

Your Name _____

Social Security Last four _____

Please circle the correct answer for the six questions:

1. SARS is:
 - a. a severe form of influenza (flu) that originated in Asia in 2003
 - b. a previously unknown respiratory disease first reported in China in 2003
 - c. usually curable with antibiotics
 - d. both b and c above
2. SARS is caused by:
 - a. bacteria related to *Pneumococcus pneumoniae*
 - b. a virus
 - c. a bad attitude
 - d. a probable infectious agent that is currently unknown
3. Of the 192 cases reported in the United States during the recent outbreak, how many patients died?
 - a. 10 percent
 - b. 50 percent
 - c. 85 percent
 - d. none
4. During the recent outbreak, SARS was generally spread by:
 - a. close contact with someone who was sick with SARS
 - b. infected people who were not yet ill
 - c. contaminated air conditioning systems
 - d. all of the above
5. What are typical symptoms of SARS?
 - a. runny nose and sore throat
 - b. a high fever and cough
 - c. a rash on the face and body
 - d. both a and b
6. Strategies to help prevent the spread of SARS include:
 - a. washing your hands after coughing or sneezing
 - b. using insect repellents when outdoors during mosquito season
 - c. covering the mouth and nose when coughing or sneezing
 - d. both a and c